

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	900/00310 (4020/53)
Application Number	09/558,232
Filing Date	APRIL 26, 2000
First Named Inventor	MANYAK ET AL
Group Art Unit	2168
Examiner	CHEYNE D. LY

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input checked="" type="checkbox"/> Response to Notification of Non-Compliant Appeal Brief
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Part B - Issue Fee Transmittal	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713.	

CALCULATION OF FEE

				Small Entity		Large Entity		
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus			x \$25=	0	x \$50=	
Indep.		Minus			x \$105=	0	x \$210=	
First Presentation of Multiple Dep. Claim					+ \$185=	---	+ \$370=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/	Date:	MAY 1, 2008

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being submitted electronically to the U.S. Patent and Trademark Office on this date:		MAY 1, 2008
Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date: MAY 1, 2008